

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F73634

1. Entity Name

BAY COLONY APARTMENT CORPORATION

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90017 014 ***158.75

Principal Place of Business
AMERICAN MEDICAL PLAZA
11880 S.W. 40TH STREET, SUITE #405
MIAMI FL 33175
US

Mailing Address
AMERICAN MEDICAL PLAZA
11880 S.W. 40TH STREET, SUITE #405
MIAMI FL 33175
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2378399

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUDD, JOHN
11880 BIRD RD
SUITE 405
MIAMI FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHAEFER, PAUL	
STREET ADDRESS	11880 BIRD ROAD, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WIENER, A.B.	
STREET ADDRESS	11880 BIRD ROAD, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MUDD, JOHN	
STREET ADDRESS	11880 BIRD ROAD, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MIRANDA, ELDA	
STREET ADDRESS	11880 BIRD ROAD, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DIAZ, MAYRA	
STREET ADDRESS	11880 BIRD ROAD, #405	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LINCOLN, TIMOTHY	
STREET ADDRESS	11880 BIRD ROAD, #405	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fortal, Ana	
STREET ADDRESS	11880 Bird Road, #405	
CITY-ST-ZIP	Miami, FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elda Miranda

Elda Miranda

4/13/01

Date

(305) 221-1900

Daytime Phone #

CR2E034 (10/00)